



FORM
ORG
(Rev 5/2012)



HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT
APR 10 P 3:36

REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February

☐ March 1 - April 30

☒ November 1 - December 31
STATE OF HAWAII
STATE ETHICS COMMISSION

ORGANIZATION INFORMATION

Hawaii Ophthalmological Society

Organization Name

94-307 Farrington Highway, B7a

Joseph Zobian, M.D.

Contact Person

Mailing Address (Number and Street or P.O. Box)

Waipahu

HI

96797

City

State

Zip Code

(808) 678-0622

zechawaii@gmail.com

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

| | Total Amount |
|---|--------------------------------------|
| 1 Preparation & Distribution of Lobbying Materials | 1 |
| 2 Media Advertising | 2 |
| 3 Postage | 3 |
| 4 Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) List the names of all lobbyists and compensation paid to lobbyists during the statement period | |
| Lobbyist Name | Compensation Paid |
| A. Lauren Zirbel | A. 6,000.00 |
| B. | B. |
| C. | C. |
| D. | D. |
| E. | E. |
| F. | F. |
| G. Total from Additional Attached Sheet(s) | G. |
| Add lines A through G | Total Compensation Paid ▶ 4 6,000.00 |
| 5 Fees Paid to Consultants (other than to Lobbyists) | 5 |
| 6 Entertainment & Events | 6 |
| 7 Receptions, Meals, Food & Beverages | 7 |
| 8 Gifts | 8 |
| 9 Loans | 9 |
| 10 Other Disbursements | 10 |
| Add lines 1 through 10 | Total Expenditures ▶ 6,000.00 |

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

| Name & Address | Amount or Value |
|----------------|-----------------|
| | |
| | |
| | |
| | |
| | |

☐ Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

| Name & Address | Amount or Value |
|----------------|-----------------|
| | |
| | |
| | |
| | |
| | |

☐ Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

List all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

| Name & Address | Amount or Value |
|----------------|-----------------|
| | |
| | |
| | |
| | |
| | |

☐ Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other (indicate below): |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | <u>medical issues</u> |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Signature of Authorized Person

Joseph M. Zobian, M.D.

Print Name

Date

legislative co-chair

Title

4/5/2013